Minutes of Meeting

Tertiary Care Advisory Committee

Date: 13 February 2007 Time: 1:00 PM

Location: Health Policy Forum

ATTENDANCE:

Council: Present: Gregory Allen, DO, John Flynn, Catherine Graziano, RN. PhD, Sam Havens, Joan Kwiatkowski, Gus Manocchia, MD,

Ed Quinlan, and Robert J. Quigley, D C (Chair)

Not Present: Robert S.L. Kinder, MD, (excused), and Mark Reynolds

Staff: Valentina D. Adamova, Jay Beuchner, Michael Dexter, Linda TetuMouradjian, RN, Donald C. Williams and Harvey Zimmerman

Public: Attached

1. Call to Order and Approval of Minutes

The meeting was called to order at 1:00 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. The minutes of the 21 November 2006 meeting of the

Tertiary Care Advisory Committee were approved as submitted. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of 8-0 in favor and none opposed that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor of the motion were: Allen, Flynn, Graziano, Havens, Kwiatkowski, Manocchia, Quinlan, and Quigley.

2. General Order of Business

Linda M. Tetu-Mouradjian, RN, reported on the status of other states with a statutory basis for setting tertiary care standards. Her research showed that Rhode Island was the only state that had this specific mandate. Most states do related activities but not formally.

Staff noted in December of 2006 a letter was sent to hospitals notifying them about the statutory basis for setting tertiary care standards focused on pancreatic and esophageal surgeries. Both surgeons and representatives from hospitals were invited to testify or submit written comments at the Tertiary Care Advisory Committee meeting on 13 February 2007.

The Chairman introduced Harvey Zimmerman from Spectrum Research Services, Inc. who gave a presentation to the group

entitled: A Discussion of the Validity of

the Volume-Quality Relationship based on the current literature. Included were topics on methodology, practicality for patients, unintended consequences for both low and high volume hospitals, causality, and alternative approaches. Mr. Zimmerman reviewed the National Academy of Sciences Cancer Care Criteria and the Board's recommendation for the group, "the board concluded that these criteria are met for two procedures included in the literature review – surgery for cancer of the pancreas and esophagus."

Dr. Harry Wanebo a surgical oncologist based at Landmark Hospital introduced himself and gave testimony based on his experience and research on issues related to esophageal cancer. His presentation included information about the increased incidence of esophageal cancer in the U.S. primarily from Barrett's related adenocarcinoma and staging, testing and treatment regimens for this condition. He stressed the multidisciplinary team effort that is required to care for patients with esophageal cancer. He described a study by Birkmayer et al in the New England Journal of Medicine, 2003, entitled: Effect of Surgical and Hospital Volume on Cancer Management, related mortality for 8 procedures (carotid, aortic valves, coronary, AAA, cancers of the lung, cystic, esophagus and pancreas). Results showed an association between higher volume surgeries and decreased patient mortality.

Dr. Wanebo advanced his opinions regarding the quality of patient

care and the multidisciplinary team approach. He said surgical teams working in different institutions equals high volume surgery. He stated, that high risk disease (esophageal and pancreatic cancers) require multidisciplinary evaluation and treatment and that a team effort is required to evaluate and treat patients with esophageal cancer which is generally the approach in R.I. Finally, he discussed a study by P. Somasundar, C Taneja, M. Vezeridid, and H. Wanebo, 2006, that found an association between down staging of esophageal cancer by (40%) using neoadjuvant therapy. He closed by stating that volume is important, however, patient outcome is also an important indicator of quality. In the aforementioned study, overall, 7% of esophageal cancer patients survived 5 years, for patients that had surgical resections the survival rate for the same time period was 13%.

A member asked Dr. Wanebo how many esophageal surgical procedures he performs each year. He replied that he performs ten procedures a year. In addition 8-10 patients were always under discussion at the Tumor Board. A member asked him if he was implying that R.I. was so small that all surgical teams are in constant contact with each other. He stated that oversight has impact and there was a great deal of overlap in the patient selection process regarding esophageal surgery.

Another member asked if the surgical teams he was referring to were hospital based. He replied that they were made up of medical and

radiation oncologists. A member asked him about the quality of nursing care as it relates to patients experiencing esophageal resections and whether it was hospital specific. He stated that nursing care in R.I. was probably as good as anywhere else and ICU nurses observe patients 24 hours a day 7 days a week. He also mentioned that some facilities care for esophageal resection patients 3-4 times per year. He added that data collected on surgical procedures in hospitals was not reliable due to coding methods and other problems. The Chairman asked Dr. Wanebo to submit a two or three page summary of his presentation to the committee.

Dr. Paul Liu, Chairman of Surgery at Roger Williams Medical Center (RWMC) introduced himself and gave testimony about the high quality of surgical care given at Roger Williams Medical Center by the surgical team, which includes experienced fellows who perform biliary, pancreatic and esophageal procedures. He went on to say that the surgical team at RWMC strives for excellence, performs many of the aforementioned procedures and constantly contributes to the advancement of knowledge in cancer care in the U.S. Both he and Dr. Coady (Landmark Medical Center) argued that the data regarding the volume of surgical procedures performed in each institution was skewed due to the method of data collection. Dr. Coady suggested that an analysis should be undertaken linking outcomes with volume. Dr. Liu focused on the methods used in selecting the right patients for surgery and patient outcomes as important indicators of quality. He was also asked by the Chairman to submit written comments of

his testimony.

The Chairman noted the committee's charge as outlined by Dr. Gifford. The remainder of the discussion centered on the statute that gave rise to the volume to quality authority, the need for high quality surgeons in the state and the difficulty hospitals encountered with recruitment. A member commented that the number of surgical procedures performed in an institution was important for recruiting surgeons to respective hospitals.

Adjournment

The next meeting of the TCAC will be held on March 20, 2007 at 1:00 PM in Room 401. There being no further business the meeting was adjourned at 2:15 PM.

Respectfully submitted,

Linda M. Tetu-Mouradjian RN